

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
PARENTS AS TEACHERS PROGRAM
FY20 QUARTERLY REPORT TEMPLATE

Grantee Name:	
Award Number:	

Indicate the quarter for which the report is submitted:

Q1		Q2		Q3		Q4	
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1. Current Enrollment (Quarterly Counts)

	# Single-child families
	# Multi-child families
	# Families with an income <200% of the Federal Poverty Level
	# Families enrolled during the past quarter
	# Children ages 0-2
	# Children ages 3-5
	# Families that graduated or aged out
	# Families that left this quarter before completion.

2. If families left before completion, indicate the number of families and the reason that best describes the situation. Skip this question if no families left before completion.

#	REASON
	Unable to contact/locate
	Excessive missed appointments
	Family received what they needed from program.
	Child is no longer in family's custody
	Family dissatisfied with program.
	Family moved out of service area.
	Other, provide reason:
	Other, provide reason:

3. Current Staffing by FTEs

As an example, if your project supports one half-time staff member (0.5 FTE) and one full time staff member (1.0 FTE), enter 1.5 FTEs.

	# Staffed Home Visitor positions
	# Vacant Home Visitor positions
	Total # Home Visitor Positions
	# Staffed Other positions
	Total# Other Positions

4. Waitlist

	# Families
	# Children ages 0-2
	# Children ages 3-5

Visits and Screenings

5.

	Total number of visits completed
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6. Hearing Screenings

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

7. Vision Screening

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

8. Developmental Screenings ASQ

	# Screenings provided
	# Children identified as needing follow-up services
	# Children referred to follow up services
	# Children already receiving follow-up services

9. Developmental Screenings ASQ-SE

ASQ-SE Screenings provided	
Children identified as needing follow-up services	
Children referred to follow- up services	
Children already receiving follow-up services	

Program Staffing and Fiscal Information

10.

	Total number of Home Visitors employed during the last quarter. Count each part time and full time Visitor as 1.
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11. Identify the number of Home Visitors with the following credentials.

	Foundational
	Model Implementation
	Foundational 2 (30K)
	Life Skills Progression (LSP)
	CDA
	AA
	BA
	MA
	PHD

12. Identify the number of Home Visitors pursuing additional credentials.

	Foundational
	Model Implementation
	Foundational 2 (30K)
	Life Skills Progression (LSP)
	CDA
	AA
	BA
	MA
	PHD

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DHSS PAT Funding Spent	\$
Cost per child	\$
Cost per family	\$
Percent of PAT Funding Spent	\$

15. Program Activities, Complete One for Each Hosted Activity

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

Event Name:							Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families				
Total # of Participants								
INDICATE TYPES OF ACTIVITIES								
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration		
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event		
Other								

17. Program Activities

Event Name:					Date	mm/dd/yy	
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

18. Program Activities

Event Name:					Date	mm/dd/yy	
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

19. Program Activities

Event Name:					Date	mm/dd/yy	
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

20. Program Activities

Event Name:					Date	mm/dd/yy	
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

21. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

22. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

23. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

24. Program Activities

Event Name:						Date	mm/dd/yy
# Adults		# Children		# Non-Enrolled Families			
Total # of Participants							
INDICATE TYPES OF ACTIVITIES							
Early Literacy		Fine Motor Activity		Car Seat Safety		Cultural Celebration	
Sensory Exploration		Gross Motor Activity		Parent Children Shared Time		Community Event	
Other							

25. Scan and upload additional information and photographs with the completed report form. Only add photographs if including signed consent forms for use of the photos on PAT factsheets.

26. Community Referrals

List of Referring Agencies and Organizations

	# of families linked to 2 or more organizations
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27. Program Achievements, Challenges, and Proposed Solutions

Staffing / Staff Development / Program
Describe:

Quality Improvement / Affiliation & Endorsement
Describe:

Community Outreach
Describe:

Barriers/ Challenges
Describe:

Future Objectives
Describe: